



WHO: Health Licensing Office
Board of Direct Entry Midwifery

WHEN: October 1, 2015 at 9 a.m.

WHERE: Health Licensing Office
Rhoades Conference Room
700 Summer St. NE, Suite 320
Salem, Oregon

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/OHLA/DEM/Pages/meetings.aspx> for current meeting information.

May the public attend the meeting?

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

May the public attend a teleconference meeting?

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

What if the board/council enters into executive session?

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

Approval of Agenda



REVISED
1:27 pm, Sep 28, 2015

Health Licensing Office
Board of Direct Entry Midwifery



October 1, 2015 at 9 a.m.
700 Summer St. NE, Suite 320
Salem, Oregon

1. **Call to Order**
2. **Items for Board Action**
 - ◆ Approval of agenda
 - ◆ Approval of minutes
3. **Executive Session** – Pursuant to ORS 192.660(2)(f) for the purpose of considering information or records exempt from public inspection. (legal advice)
4. **Items for Board Action – Oral Arguments & Investigative Process**
5. **The Board will leave the public meeting under ORS 192.690(1) to deliberate on contested cases. Case number 12-7029**
6. **Items for Board Action – Contested Case**
7. **Executive Session** – Pursuant to ORS 192.660(2)(f) for the purpose of considering information or records exempt from public inspection. (investigative files.) Case number 11-6611, 11-6616, 14-7559, 14-7656, and 10-5963
8. **Items for Board Action – Investigative Files**
9. **Items for Board Action**
 - ◆ Additional board meetings for 2015
 - ◆ Monthly meeting dates for 2016
 - ◆ Chair and vice chairperson for 2016
 - ◆ Scope of practice clarification – well women care
 - ◆ Class approval for final order – case number 10-6221
10. **Public/Interest Parties Feedback**
11. **Reports**
 - ◆ Director Report
 - ◆ Licensing and Fiscal Statistical Reports
 - ◆ Policy Report
 - Practice clarification process revisions
 - Oregon Health Authority Update
 - Communications
 - ◆ Regulatory Report
12. **Other Board Business and New Board Business**

Agenda is subject to change.
For the most up to date information visit www.oregon.gov/OHLA

Approval of Minutes

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June 11, 2015

June 30, 2015

August 14, 2015



Health Licensing Office
Board of Direct Entry Midwifery



June 11, 2015
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Colleen Forbes, chair
James di Properzio, vice-chair
Kelli McIntosh
Sarah Taylor
Stephanie Elliott

MEMBERS ABSENT

Wendy Smith
Lenore Charles

STAFF PRESENT

Holly Mercer, Director
Sylvie Donaldson, fiscal services and licensing manager
Bob Bothwell, regulatory operations manager
Samie Patnode, policy analyst
Maria Gutierrez, board specialist
Joanna Tucker Davis; assistant attorney general
Nathan Goldberg, investigator/ inspector
Trampus Schuck, investigator/ inspector
Sarah Kelber, communications coordinator

GUESTS PRESENT

Sharron Fuchs
Carle Levanda
Hermine Hayes-Klein
Kate Donahue
Anne Frye

Call to Order

Colleen Forbes called the meeting of the Board of Direct Entry Midwifery to order at 9:04 a.m. Roll was called.

Approval of Agenda

James di Properzio made a motion with a second by Stephanie Elliott to approve the agenda. Motion passed unanimously.

Approval of Minutes

Stephanie Elliott made a motion with a second by James di Properzio to approve the minutes for February 12, 2015, and March 18, 2015. Motion passed unanimously.

Deliberation and action regarding Group B streptococcal Administrative Rules

Samie Patnode, Policy Analyst, provided the members with the progress of implementing the addition of Group B Streptococcal (GBS) prophylaxis to the legend drugs curriculum which was amended by HB 2997 during the 2013 Legislative Session.

During the February 12, 2015 meeting the board approved proposed administrative rules to:

- Require each licensed direct entry midwife (LDM) disclose to each patient whether or not they have received the initial legend drugs and devices training;
- Require each individual licensed *after* January 1, 2016 successfully complete 50 hours of instruction which includes 10 hours of instruction relating to GBS prophylaxis;
- Require individuals licensed *before* January 1, 2016 to obtain 10 hours of instruction relating to GBS prophylaxis by the date of their 2016 renewal; and
- Add specific antibiotics to be used to prevent GBS.

Notice of Proposed Rulemaking Hearing and Statement of Need and Fiscal Impact was filed with the Secretary of State (SOS) and published in the April 2015 Oregon Bulletin. A public rule hearing was held on April 28 at 9 am at the Health Licensing Office, no verbal comments were received. Three written comments were received during the public comment period. A summary for the comments are as follows:

- The 10 hours of additional education and training for administration of antibiotics should be optional;
- Describe the purpose for using antibiotics for GBS prophylaxis and for reasons such as high temperature or urinary tract infections; and
- Administering emergency measures for the purpose of anaphylactic reaction.

Based on the comments received and further analysis of the proposed administrative rules the Health Licensing Office recommends the following changes be made prior to filing permanent administrative rules:

- Decrease GBS the required number of hours from 10 to eight;
- Specify that the eight hours of GBS education must be completed but the LDM does not have to administer the antibiotic.

Motion:

James di Properzio made a motion with a second by Kelli McIntosh to adopt permanent administrative rules with changes. Motion passed unanimously.

Approval of legend drug and devices curriculum

Patnode, asked the Board to review of draft Initial Legend Drugs and Devices Curriculum, Renewal Legend Drugs and Devices and additional 10 hours of GBS prophylaxis curriculum. The Health Licensing Office asked a representative from Birthingway College and Oregon Midwifery Council (OMC) to review all LDD curriculum.

Motion:

Stephanie Elliott made a motion with a second by James di Properzio to accept the draft curriculums for legend drugs and devices and change the GBS prophylaxis curriculum hours from 10 hours to eight hours.

Motion passed unanimously.

Director Report

Holly Mercer, Director, reported on the following:

- During the initial transition to Oregon Health Authority the Health Licensing Office (HLO) was placed y under Director's Office. New leadership has determined that HLO will move to Public Health Division which is scheduled to occur on July 1, 2015.
- Update on staffing.
- Moving into new minutes and recording system – Granicus.
- Executive appointments of new members.
- Attendance and presentation at the May 15, 2015 Oregon Midwifery Council meeting.
- The office is looking into possibly moving to a new building location to help provide more testing areas for the licensees, and parking as profession continue to grow.

Licensing and Fiscal Statistical Reports

Sylvie Donaldson, fiscal services and licensing manager, presented an overview of statistics elated to the Board. Statistics include licensing and examinations, active license trends and license volumes.

The statement of cash flow for the period 07/01/2013 – 5/29/2015 was reviewed with an actual ending cash balance of - \$66,470.47. The ending cash balance for the period of 07/01/2013 – 6/30/2015 is projected to be - \$80,020.71

Donaldson, also informed members of fee changes effective July 1, 2015:

- As of July 1, 2015 an applicant applying for an original license totaling \$800 may be granted a \$350 license fee discount for a total cost for the license \$450until July 1, 2019. An application fee of \$150 must be paid in order to grant the\$350 license fee discount. The license fee discount is available to individuals who meet all application requirements for direct entry midwifery licensure under OAR 332-015-0030 and reside in Oregon. Only applicants who have not held a direct entry midwifery license in Oregon qualify for the discount.
- As of January 1, 2015, an applicant applying to renew a license totaling \$800 may be granted a \$200 discount for a total cost for the license \$600 until July 1, 2019. The license fee discount is available to individuals who meet all renewal requirements for direct entry midwifery licensure under OAR 332-020-0000 and reside in Oregon.

Policy Report

Samie Patnode, policy analyst, reported on the following:

- 2015 Legislation updated
 - **HB 2296** would change the name of the Board of Body Art Practitioners to the Board of Body Art Practitioners to Board of Electrologist and Body Art Practitioners. The bill had a public hearing and work session in both the House and Senate Health Care Committees with do pass recommendations and had a third reading on the Senate Floor.
 - **HB 2642** with the -4 amendment establishes the nine-member Board of Certified Advanced Estheticians (BCAE) within HLO in the Oregon Health Authority (OHA). The bill authorizes

the HLO to certify the practice of advanced nonablative esthetics. Certification must be renewed biennially. The bill contains an emergency clause and is effective on passage. HLO is authorized to take action before the July 1, 2016 operative date. The bill allows HLO to begin certifying individuals as of July 1, 2016, and reduces the grandfathering period from two years to 18 months. The – 4 amendment clarifies the definition of “nonablative,” adds two physicians or physician assistants as members of the BCEA, specifies that certificates holders are required to disclose existence of professional liability insurance as part of their client records, and stipulates that a certificate holder must enter into an agreement with a health care professional who has schedule III, IV or V prescriptive authority. The – 4 amendment does not change the fiscal determination.

- **HB 2305** Permits individuals who complete polysomnographic program that combines education and training program to apply for polysomnographic technologist license. The bill had a public hearing and work session in both the House and Senate Health Care Committees with do pass recommendations and had a third reading on the Senate Floor. If passed the implementation would be after January 1, 2016.

Forbes provided an overview of the Health Evidence Review Commission Evidence-based Guidelines Subcommittee discussion on planned out-of-hospital birth noting the committee met on June 4, 2015. She explained the committee continued to discuss high risk conditions and necessity to transport to hospital if certain circumstances arise.

Patnode reported on the ongoing work of the Office of Equity and Inclusion Cultural Competence Continuing Education Committee noting that scoring criteria had been developed to determine if the continuing education meets minimum qualifications. The committee will continue to meet to finalize process and procedures.

Board members reviewed the North American Registry of Midwives criteria to obtain continuing education relating to global volunteer work noting that a maximum of 10 hours continuing education for a midwife serving in an out-of-country maternity center or clinic would be granted for each three year recertification. Patnode stated that she would add global volunteer work to the administrative rule file for future rulemaking.

Regulatory Report

Bob Bothwell, regulatory operations manager, reported on enforcement activity including:

2009-2011 Biennium

Between July 1, 2009 and June 30, 2011, 41 complaints were received. Of the 41 complaints 2 remain open. A summary of allegations received by type of complainant was provided as stated below.

Mandatory Reporters	Client	Other
22	16	3

2011-2013 Biennium

Between July 1, 2011 and June 30, 2013, 28 complaints were received. Of the 28 complaints 3 remain open. A summary of allegations received by type of complainant was provided as stated below.

Mandatory Reporters	Client	Other
14	9	5

2013-2015 Biennium

Between July 1, 2013 and April 30, 2015, 15 complaints were received. Of the 15 complaints 11 remain open. A summary of allegations received by type of complainant was provided as stated below.

Mandatory Reporters	Client	Other
13	0	2

Executive Session

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 192-660(2)(f) at 10:58 a.m. on June 11, 2015, for the purpose of considering information on records exempt from public inspection. Records to be considered related to legal advice.
- Executive session concluded and the board reconvened regular session at 12:12 p.m. It was noted that no decisions were made and no votes were made in executive session.

Mercer and members of the board outlined the following recommendations:

In regards to investigation file 10-6221

- The board has decided to further consider the case at a future meeting.

In regards to investigation file 12-6854

- The board offer a settlement agreement to respondent contingent on the board chair approving the final terms, and language of the written agreement and final order.

Motion:

James di Properzio made a motion with a second by Kelli McIntosh. Motion passed unanimously.

Leaving Public Meeting:

- The Board of Direct Entry Midwifery left the public meeting to deliberate on a contested case under ORS 192.690(1) at 12:13 p.m. on June 11, 2015
- The public meeting reconvened at 2:05 p.m. It was noted that no decision were made and no votes were made.

Executive Session

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 192-660(2)(f) at 2:19 p.m. on June 11, 2015, for the purpose of considering information on records exempt from public inspection. Records to be considered related to legal advice.
- Executive session concluded and the board reconvened regular session at 3:09 p.m. It was noted

that no decisions were made and no votes were made.

Mercer and members of the board outlined the following recommendations:

In regards to investigation file 12-6962

- Board to issue a default final order

Motion:

James di Properzio made a motion with a second by Kelli McIntosh. Motion passed unanimously.

In regards to investigation file 12-6992

- To issue a fault final order.

Motion:

James di Properzio made a motion with a second by Stephanie Elliott. Motion passed unanimously.

In regards to investigation file 10-6221

- Board to issue a default final order

Motion:

James di Properzio made a motion with a second by Stephanie Elliott. Motion passed unanimously.

Other Board Business

There was no "Other Board Business."

The meeting adjourned at approximately 3:11 p.m.

Minutes prepared by: Maria Gutierrez, Board Specialist



Health Licensing Office
Board of Direct Entry Midwifery



June 30, 2015
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Colleen Forbes, chair
James di Properzio, vice-chair
Kelli McIntosh
Sarah Taylor
Stephanie Elliott

STAFF PRESENT

Holly Mercer, Director
Sylvie Donaldson, fiscal services and licensing manager
Bob Bothwell, regulatory operations manager
Samie Patnode, policy analyst
Maria Gutierrez, board specialist

MEMBERS ABSENT

Wendy Smith
Niamh Charles

GUESTS PRESENT

None

Call to Order

Colleen Forbes called the meeting of the Board of Direct Entry Midwifery to order at 1:05 p.m. Roll was called.

Holly Mercer, Director, made the following revisions to the agenda:

-Delete number four on the agenda.

Approval of Agenda

Kelly McIntosh made a motion with a second by Stephanie Elliott to approve the agenda. Motion passed unanimously.

Leaving Public Meeting:

- The Board of Direct Entry Midwifery left the public meeting to deliberate on a contested case under ORS 192.690(1) at 1:06 p.m. on June 30, 2015

- The public meeting reconvened at 1:23 p.m. It was noted that no decisions were made and no votes were made.

Mercer and members of the board outlined the following recommendations:

In regards to investigation file 12-7029

- It's was proposed that the board issues and amend proposed order, and bill of cost with the authority given to chair Colleen Forbes to approve and sign the amended proposed order and bill of cost.

MOTION:

James di Properzio made a motion with a second by Stephanie Elliott. Motion passed unanimously.

Public Comment

No public comment was received.

Other Board Business

There was no "Other Board Business."

The meeting adjourned at approximately 1:25 p.m.

Minutes prepared by: Maria Gutierrez, board specialist



Health Licensing Office
Board of Direct Entry Midwifery



August 14, 2015
700 Summer Street NE, Suite 320
Salem, Oregon

MINUTES

MEMBERS PRESENT

Colleen Forbes, chair
James di Properzio, vice-chair
Wendy Smith
Sarah Taylor
Niamh Charles

STAFF PRESENT

Sylvie Donaldson, Fiscal Services and Licensing Manager
Samie Patnode, Policy Analyst
Maria Gutierrez, Board Specialist

MEMBERS ABSENT

Stephanie Elliott
Kelli McIntosh

GUESTS PRESENT

None

Call to Order

Colleen Forbes called the meeting of the Board of Direct Entry Midwifery to order at 10:05 am. Roll was called.

Samie Patnode, policy analyst, discussed revisions to the Group B Streptococcal prophylaxis curriculum which would remove the live model requirement and replace with mannequin throughout the GBS curriculum.

Motion:

Niamh Charles made a motion with a second by James di Properzio. Motion passed unanimously.

The meeting adjourned at approximately 10:20 a.m.

Minutes prepared by: Maria Gutierrez, Board Specialist

Executive Session
ORS 192.660(2)(f)

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Legal Advice

Items for Board Action

~

Oral Arguments

&

Investigative Process

Non-Public Session

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**Pursuant to ORS 192.690(1) for the
purpose of deliberation on contested
cases**

Items for Board Action

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Contested Cases

**Executive Session ORS
192.660(2)(f)**

~

Investigative Files

Items for Board Action

~

Investigative Files

Items for Board Action

Additional Board Meetings for 2015



ISSUE STATEMENT

HEALTH LICENSING OFFICE
BOARD OF DIRECT ENTRY MIDWIFERY

BACKGROUND AND DISCUSSION:

The Board of Direct Entry Midwifery needs to schedule an additional meeting for 2015 due to the amount of investigative files which need reviewed by the Board. A second date may also need to be scheduled if additional complaints are received or further review is necessary.

ISSUE:

The Health Licensing Office proposes the following meeting dates:

November
5, 2015 at
9 a.m.
December
10, 2015
at 9 a.m.

BOARD ACTION:

The Board approves the additional meeting dates for the year 2015.

_____, 2015 at 9 a.m.

_____, 2015 at 9 a.m.

2016 Board Meeting Dates

BACKGROUND AND DISCUSSION:

The Board of Direct Entry Midwifery generally meets three times per year at 9 a.m. on Thursdays.

Due to an increased number of complaints and potential administrative rulemaking additional meetings in 2015 may be necessary.

ISSUE:

With the end of 2015 approaching it is necessary for the Board to approve meeting dates for the year 2016.

The Health Licensing Office proposes the following meeting dates for regular Board business:

February 12, 2015 at 9 a.m.
June 11, 2015 at 9 a.m.
October 1, 2015 at 9 a.m.

Additional meeting dates to be used as a placeholder if more dates are needed:

January 7, 2016 at 9 a.m.
March 31, 2016 at 9 a.m.
April 14, 2016 at 9 a.m.
May 12, 2016 at 9 a.m.
July 14, 2016 at 9 a.m.
August 11, 2016 at 9 a.m.
September 8, 2016 at 9 a.m.
November 10, 2016 at 9 a.m.
December 8, 2016 at 9 a.m.

BOARD ACTION:

The Board approves meeting dates for the year 2016.

**2016 Chair and Vice
Chairperson**

BACKGROUND AND DISCUSSION:

Colleen Forbes has served as Chair for the Board of Direct Entry Midwifery, and James di Properzio has served as Vice-Chair during the year 2015.

ISSUE:

In preparing for 2016, it is necessary for the Board to nominate and elect a Chair and Vice-Chair.

Role of the Chairperson in Meetings

- Officially call the meeting to order
- Keep order and impose any reasonable restrictions necessary for the efficient and orderly conduct of the meeting
- Direct the “flow” of the meeting and to ensure the meeting is conducted in a professional manner. Some key points regarding meeting protocol include:
 - Board members wishing to speak need to wait to be addressed by the Chair
 - Once addressed by the Chair, the board member must state his or her last name prior to speaking for the record
 - The Chair guides members through the process of making motions
 - If public comment is being accepted by the board, audience members must wait to be addressed by the Chair and state their full name and affiliation to the board
- Officially enter/exit Executive Session
- Officially adjourn the meeting

Role of the Chairperson Outside of Meetings

- Collaborate with the Director regarding the board budget - On occasion, the Director may contact the Chair to discuss the board budget regarding current and future revenues and expenditures and possible fee increases or decreases.
- Assist in generating meeting agendas - On occasion, the board specialist or analyst may contact the Chair to discuss the agenda for an upcoming meeting. The Chair may be asked to comment on topics to be discussed and the format or order in which the topics should be presented at the meeting.

Role of the Vice-Chairperson

It is the responsibility of the Vice-Chair to assume the responsibilities of the Chair in the event of an absence, or if the chairperson is no longer a member of the board for any reason.

BOARD ACTION:

The Board nominates and elects a Chair and Vice-Chair for the remainder of 2015 and the year 2016.

Chair:

Vice-Chair:



Board of Direct Entry Midwifery

Member Appointment Status Update

Board Membership in General:

Pursuant to ORS 687.470 the Board of Direct Entry Midwifery consists of seven members appointed by the governor including:

- Four licensed direct entry midwives;
- One certified nurse midwife;
- One member of the public; and
- One physician licensed under ORS 677 involved at the time of appointment in obstetrical care or education.

Terms in office are three years; with an appointee eligible to serve a maximum of two consecutive terms or until a successor is appointed.

Current Appointment Information:

Member Position Type	Member Name	Full Term # or Partial Term	Start of Current Term	Term Expiration
Licensed Direct Midwife	Sarah Taylor	1 st Full	07/01/2014	06/30/2017
Public Member	James di Properzio	2 nd Full	07/01/2012	06/30/2015
Licensed Direct Midwife	Colleen Forbes	1 st Full	03/15/2013	03/14/2016
Certified Nurse Midwife	Niahm Charles	1 st Full	03/01/2014	02/28/2017
Licensed Direct Midwife	Kelli McIntosh	1 st Full	11/22/2013	06/30/2016
Physician (MD or DO)	Wendy Smith	1 st Full	10/01/2014	10/01/2017
Licensed Direct Midwife	Stephanie Elliott	1 st Full	09/19/2014	09/18/2017

*Highlight indicates that member is not eligible to reappoint at end of term.

How to Apply to be a Member:

Helpful information on how to apply to be a member is available online at:

<http://www.oregon.gov/gov/Pages/boards.aspx>

In general, interested applicants are asked to review the membership handbook and submit a completed interest form to the Governor’s Office of Executive Appointments. (Interest form attached) Completed interest forms can be submitted by any of the following methods:

- Fax interest form to 503-373-0840 (secure fax);
- Email scanned interest form to executive.appointments@das.state.or.us; or
- Mail interest form to:

Office of the Governor
Executive Appointments

900 Court Street NE, Room 160
Salem, OR 97301-4075

Please contact the Office of Executive Appointments if you have questions about the appointment process or about the status of your application.

Scope of Practice Clarification

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Well Women Care

BACKGROUND AND DISCUSSION:

In the past questions have been raised on whether or not *well women care* is within the scope of practice for a Direct Entry Midwife (DEM).

ISSUE:

Consider definition of Direct Entry Midwifery within Oregon Revised Statute and definition of postpartum within the Oregon Administrative Rules and determine if well women care is within the scope of practice of a DEM.

BOARD ACTION:

Approve practice clarification for publication and delivery to all DEMs.

Question: Does my license as a direct entry midwifery allow me to provide gynecological care (“well woman care”) to a woman who is not pregnant and is not within the eight weeks postpartum period following the birth of her baby?

Short Answer: No. A license to be a direct entry midwife does not permit you to provide gynecological care to a woman who is not pregnant and is not within the eight weeks postpartum period following the birth of her baby.

Detailed Answer: “Direct entry midwifery” is defined in ORS 687.405 as providing the following services for compensation:

- (1) Supervision of the conduct of labor and childbirth;
- (2) Providing advice to a parent as to the progress of childbirth;
- (3) Rendering prenatal, intrapartum and postpartum care; and
- (4) Making newborn assessments.

This statute defines the scope of the Direct Entry Midwifery (DEM) license. Only activities that are within the list are within the scope of the DEM license. If an activity is not included in (1)-(4), it is not within the scope of a DEM license.

“Well woman care” for a client who is not prenatal, intrapartum or postpartum is not included in this definition. For example, giving a pap smear to a woman who is not pregnant and is not within the postpartum period does not fit under this statutory definition and is not covered by the DEM license.

Postpartum care is within the definition of direct entry midwifery in ORS 687.405. In OAR 332-015-0000, the Board of Direct Entry Midwifery has defined *postpartum* as the period of time immediately after and up to eight weeks following the birth of the baby.

Important Note: Please note that even if the Board provides an interpretation of how its laws apply to a general scope of practice question, the Health Licensing Office and the Board of Direct Entry Midwifery cannot provide any legal advice on how to proceed with individual situations. The Oregon State Bar has information on how to hire a lawyer in Oregon at www.osbar.org.

**Class Approval
for
Final Order**

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Case Number 10-6221

BACKGROUND AND DISCUSSION:

A final order of default was issued on June 11, 2015 by the President of the Board of Direct Entry Midwifery. A part of the final order the respondent was to attend and complete a board approved class related to blood loss estimation and documentation with a primary focus on informed consent.

ISSUE:

On July 3, 2015 the respondent requested board approval for the following courses to fulfill her requirements listed under the final order for case number 10-6221.

Advanced Life Support in Obstetrics (ALSO) course.

Blood Loss Class given by Andaluz WaterBirth Center.

BOARD ACTION:

Review information and determine if the courses above are approved. If not what information would need to be submitted for review by the board at the next regularly scheduled meeting.

From: Tracy Lawson-Allen [<mailto:tracylawsonallen@gmail.com>]
Sent: Friday, July 03, 2015 12:02 PM
To: HLO - Info
Subject: DEM Licensee needing class

Dear DEM Board,

I am needing to take a class on blood loss estimation as part of my final order. I am hoping to get some guidance as to what would be approved as a class. We as a practice would like to hold a blood loss class at Andaluz and are wondering if that would be sufficient. We could hire an outside teacher. Or I could take ALSO (which I've taken before just as continuing ed in 2013) and could take again.

Let me know what would be acceptable.

Thanks,

--

Tracy Lawson-Allen, CPM, LDM
Cell: 503-428-3532

Midwife, Andaluz Waterbirth Center
tracy@waterbirth.net

This email message is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

2 **BEFORE THE**
4 **BOARD OF DIRECT ENTRY MIDWIFERY**
6 **HEALTH LICENSING OFFICE**

8 *In the Matter of:*)
8 **Lawson-Allen, Tracy**)
10 *License No.*) **Default Final Order**
10 *DEM-LD -10126397*)
12 Respondent,)
14 HLO File No. 10-6221

16
18 **PROCEDURAL HISTORY**

20 On January 23, 2015, the Health Licensing Office¹ (HLO or Office), sent, by certified
22 mail, a notice of intent to impose discipline and right to a hearing (notice), to Respondent. On
24 January 29, 2015, HLO received the notice back from the US Postal Service respondent signed
for the notice. Respondent had 30 days to request a hearing. Respondent did not request a
hearing within the 30 days. As a result, the Board is issuing this final order by default.

26 The notice informed Respondent that in the event a final order by default was issued, the
28 Board and Office would designate its file in this matter for purposes of proving a *prima facie*
case. The Board now designates its file in this matter for purposes of proving a *prima facie* case.

30 **NOW, THEREFORE**, after consideration of the relevant records and files of the Board
32 relating to this matter, the Board enters the following Findings of Fact, Conclusions of Law, and
Final Order:

34 **FINDINGS OF FACT**

- 36
- 38 1) At all relevant times, Tracy Lawson-Allen (Respondent) held Direct Entry Midwifery
license DEM-LD-10126397 issued by the Health licensing Office.
 - 40 2) At all relevant times, the Respondent was the primary midwife for the client.
 - 42 3) Client began her prenatal care with the Respondent at Andaluz Waterbirth Center on
November 3, 2008.

¹ As of July 1, 2014, the "Oregon Health Licensing Agency" (OHLA or Agency) became the "Health Licensing Office" (HLO or Office).

- 2 4) According to the records, on June 12, 2009 at 11:27 pm, Client delivered her baby at
4 Andaluz Waterbirth Center, after reportedly normal labor. The baby's weight was nine
6 pounds and seven ounces. During an interview with an Office Investigator, Respondent
8 reported a shoulder dystocia during the birth.
- 10 5) On June 13, 2009 at 1:05 am, the placenta was delivered. Respondent documented it was
12 friable but complete after 90 minute third stage. Later examination at the hospital noted
14 significant portions of the placenta were manually removed.
- 16 6) On June 13, 2009, Cotton Root tincture was administered to Client. Respondent did not
18 document the amount of blood loss at time. During an interview with an Office
20 Investigator, Respondent estimated the blood loss was 600 cubic centimeters.
- 22 7) On June 13, 2009 at 1:30 am, 10 milliliters of Pitocin was administered to Client.
- 24 8) On June 13, 2009 at 1:35 am, Client had heavy bleeding when a fundal massage was
26 performed. Methergine was administered to Client.
- 28 9) On June 13, 2009 at 1:45 am, Client was administered 600 micrograms of Rectal
30 Misoprostol and 10 units of Pitocin.
- 32 10) On June 13, 2009 at 1:55 am, Respondent was unable to obtain a radial pulse from Client.
34 Client's pulse was taken by stethoscope and was 100 to 120 beats per minute. Respondent
36 took Client's blood pressure and could only obtain a diastolic reading of 45.
- 38 11) On June 13, 2014 at 1:56 am, Respondent called 911 for emergency medical services
40 (EMS). EMS arrived at 2:00 am.
- 42 12) On June 13, 2009 at 2:10 am, Client's blood pressure was 120/72. Client's pulse was 96.
Client told EMS she did not want to be transported because she was feeling better.
- 13) On June 13, 2009 at 3:20 am, respondent performed fundal massage. During an interview
with an Office Investigator, Respondent estimated the blood loss was 500 cubic
centimeters. Respondent discussed transport plans with Client.
- 14) On June 13, 2009 at 3:45 am, Respondent was unable to find a radial pulse on Client.
Respondent found a pulse of 180 beats per minute using a stethoscope. EMS was called
and client was transported to the hospital.
- 15) Initial diagnosis at hospital was severe hemorrhage and hypovolemic shock and
coagulopathy. She underwent a dilatation and curettage procedure which revealed

2 retained placental pieces weighing 150 grams. She required a total of 10 units of various
4 blood products to stabilize.

6 APPLICABLE LAW

8 332-015-0000

10 Definitions

12 The following definitions apply as used in OAR 332-015-0000 through OAR 332-030-0030.

14 (36) "Risk assessment" means the analysis of health compromising conditions relevant to
16 pregnancy, birth and the postpartum period based on information gathered through
interview, clinical examination and historical data. Risk categories are identified as
follows:

18 (a) "Absolute Risk" means the conditions or clinical situations whereby a client
20 presents an irresolvable obstetrical or neonatal risk which would preclude being an
acceptable candidate for an out of hospital birth.

22 OAR 332-025-0021

24 Risk Assessment Criteria

26 Licensed direct entry midwives shall assess the appropriateness of an out-of-hospital birth for each
client, taking into account the health and condition of the mother and fetus or baby according to
28 the following two categories of risk assessment criteria in determining appropriate care:

30 (1) "Absolute risk" as defined in OAR 332-015-0000(36)(a). Clients who present one or
32 more of the following absolute risk factors are not appropriate candidates for out-of-
hospital birth:

34 (d) When absolute risk factors appear postpartum, the midwife must immediately
36 arrange for transportation to a hospital;

(2) The following constitute absolute risk factors:

38 (c) **MATERNAL POSTPARTUM ABSOLUTE RISK CRITERIA:** retained
40 placenta with suspected placenta accreta; retained placenta with abnormal or significant
bleeding; laceration requiring hospital repair; uncontrolled postpartum bleeding; ***

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CONCLUSIONS OF LAW

- 1) By failing to immediately arrange for transportation to a hospital for Client when presented with a postpartum absolute risk of OAR 332-025-0021(2)(c) of retained placenta with abnormal or significant bleeding, the Respondent violated ORS 676.612(2)(n), OAR 332-025-0021(1)(d).*
- 2) By failing to immediately arrange for transportation to a hospital for Client when presented with a postpartum absolute risk of OAR 332-025-0021(2)(c) of uncontrolled postpartum bleeding, the Respondent violated ORS 676.612(2)(n), OAR 332-025-0021(1)(d).*

*Oregon administrative Rules, April 1, 2009 Edition.

///
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/

ORDER

Pursuant to ORS 687.445, 676.612(1) 676.992(2), the Board of Direct Entry Midwifery may take any disciplinary action it finds proper, including revocation of Respondent's license, for any violation and hereby ORDERS:

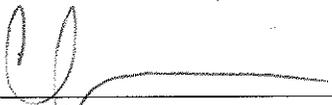
1) Respondent is assessed a civil penalty in the amount of \$1000.

2) The \$1000 civil penalty is stayed provided:

2.1. The Respondent attends and completes a board approved class related to blood loss estimation and documentation with a primary focus of informed consent. Respondent is responsible for finding the class and submitting the courses for approval by the Board.

2.2. The course must be completed and submitted to the Board within one year from the date of the final order.

DATED 6/11/15



Colleen Forbes, LDM
President, Board of Direct Entry Midwifery

Enclosures: Final Order by Default

CERTIFIED MAIL: N/A

APPEAL

If you wish to appeal the final order, you must file a petition for review with the Oregon Court of Appeals within 60 days after the final order is served upon you. See ORS 183.480 *et seq.*

Director Report

Licensing and Fiscal Statistical Reports

Health Licensing Office

Board of Direct Entry Midwifery

*Licensing Division Statistics as of June 30, 2015 **

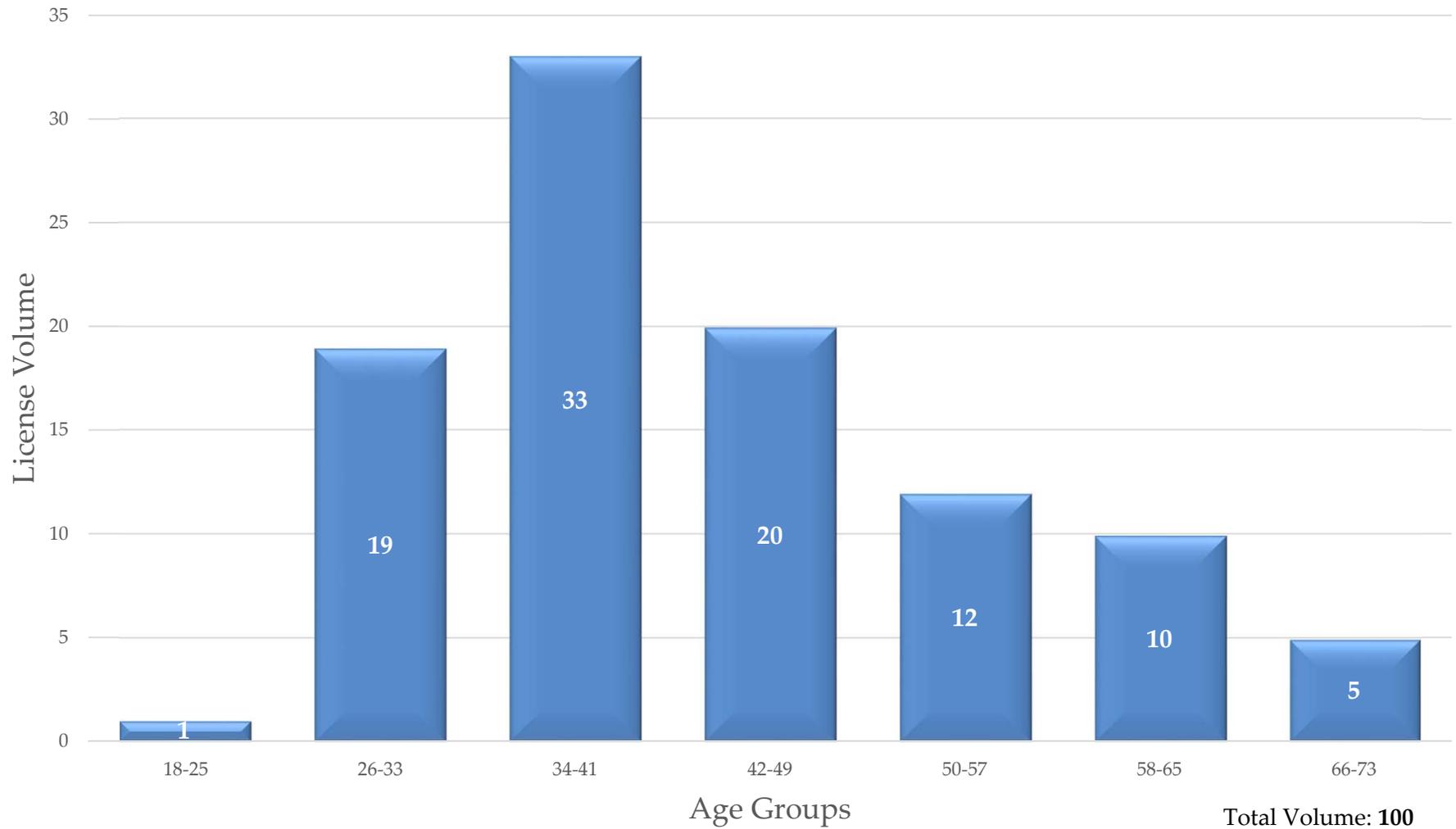
2013 - 2015 Biennium

Quarter	Licenses Issued	Renewals Processed	License Volume
1st	5	17	85
2nd	6	18	88
3rd	2	16	92
4th	8	23	93
5th	1	16	95
6th	6	24	88
7th	3	19	96
8th	2	23	99
Total	33	156	

** Note that the licensing table reflects activities through June 30, 2015 only since it is based on the 2013-15 biennium, and the remaining charts and graphs in this report are more current, including activity on through September 18th. Licensing activities for the July timeframe forward will be included in the next update to this table once we shift to the 2015-17 biennium.*

Active Midwifery License Volume

Statistics grouped by age as of September 18, 2015

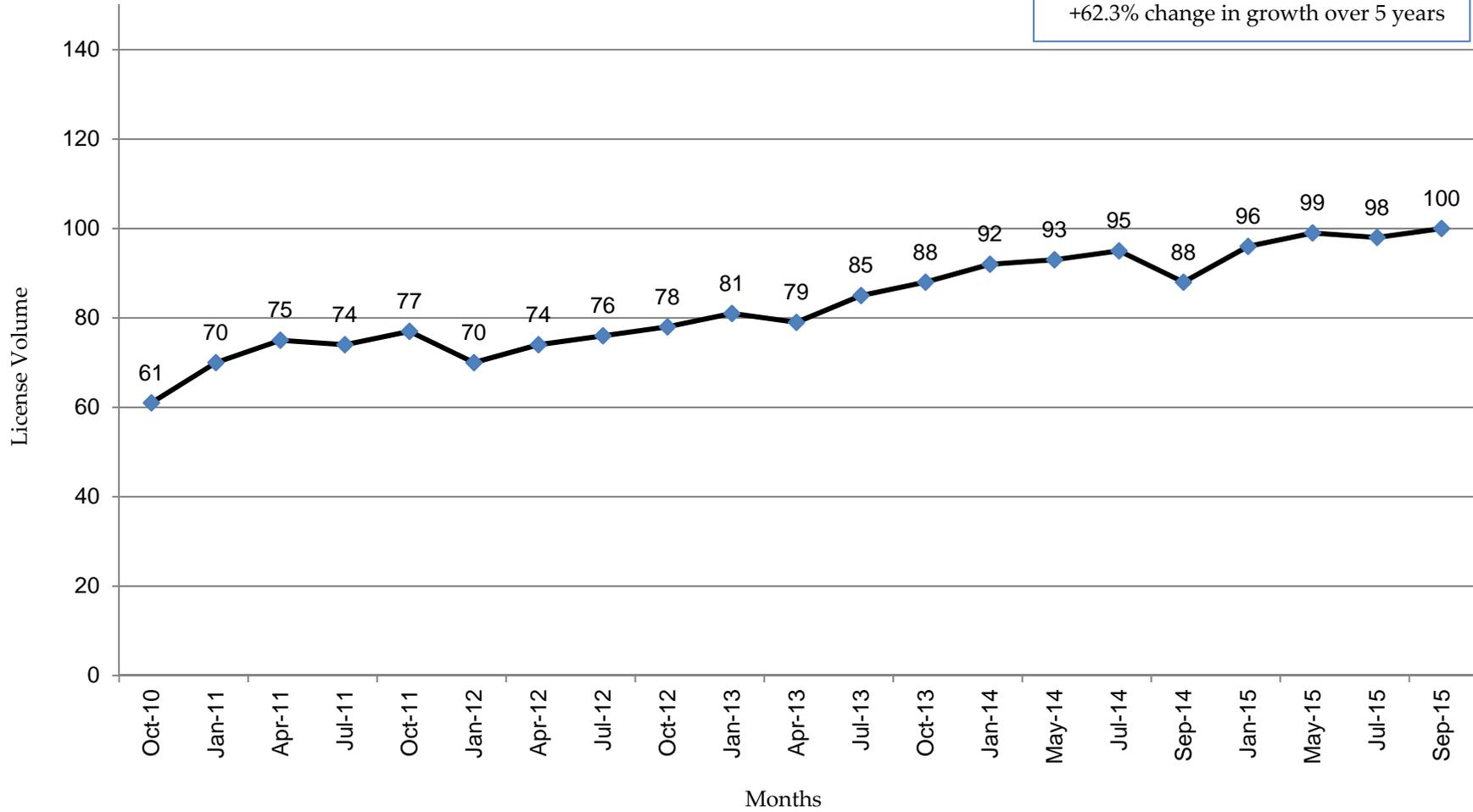


Board of Direct Entry Midwifery

Active License Trend

October 2010 - September 2015

+12.5% change in growth over 1 year
+62.3% change in growth over 5 years



HEALTH LICENSING OFFICE Fund 7810 - DIRECT ENTRY MIDWIFERY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/13 - 06/30/15	
CURRENT	
13-15' Beginning Cash Balance	\$ (81,741.26)
Revenues	\$ 194,240.79
Expenditures	\$ 185,873.00
Less: Accrued Expenditures	
Less: Total Expenditures	<u>\$ (185,873.00)</u>
Subtotal: Resources Available	\$ (73,373.47)
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Actual)	<u>\$ (73,373.47)</u>
Indirect Charges are calculated using the following rates: <small>*Based on Licensee Volume as of May 20, 2013</small>	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.34%
Inspection %	0.00%

HEALTH LICENSING OFFICE Fund 7810 - DIRECT ENTRY MIDWIFERY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/13- 06/30/15	
PROJECTED	
13-15' Beginning Cash Balance	\$ (81,741.26)
Revenues	\$ 194,240.79
Expenditures	\$ 185,873.00
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	<u>\$ (185,873.00)</u>
Subtotal: Resources Available	\$ (73,373.47)
Change in (Current Assets)/Liabilities	\$ -
Ending Cash Balance (Projection)	<u>\$ (73,373.47)</u>
Indirect Charges are calculated using the following rates: <small>*Based on Licensee Volume as of May 20, 2013</small>	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.34%
Inspection %	0.00%

Policy Report

**Continuing Education
Outreach Letter**

~

101 Letters Mailed



September 10, 2015

«ApplicantFirstName» «ApplicantLastName»
«MailingAddress1», «MailingAddress2»
«MailingCity», «MailingState» «MailingPostalCode»

Dear «ApplicantFirstName» «ApplicantLastName»:

In 2014 and 2015 the Board of Direct Entry Midwifery (Board) made several amendments to continuing education requirements including:

- Require all licensed direct entry midwives (LDM) licensed prior to January 1, 2016, successfully complete eight hours of Group B Streptococcal (GBS) prophylaxis continuing education by their 2016 renewal. The eight hours of continuing education includes two hours in pharmacology and six hours in intravenous administration of antibiotics. Each LDM will attest to receiving the GBS continuing education and may be subject to audit requirements.
- Require individuals licensed after January 1, 2016, successfully complete the initial legend drugs and devices continuing education totaling 48 hours which including administration of intravenous antibiotics for Group B Streptococcal prophylaxis.

Standard continuing education – 30 hours – «CEDate»

Legend drugs and devices continuing education – 8.5 hours – «CEDate»

GBS continuing education – 8 hours – «GBS_CEU_due_date»

Standard continuing education– 35 hours – «Stnd_Inc_CEU_date»

A fact sheet regarding new continuing education requirements is attached. If you have any question please contact Samie Patnode at (503)373-1917 or by email at samie.patnode@state.or.us.

Sincerely,

Samie Patnode, Policy Analyst

September 10, 2015

COLLEEN FORBES
4 N GRAND ST,
EUGENE, OR 97402

Dear Colleen Forbes:

In 2014 and 2015 the Board of Direct Entry Midwifery (Board) made several amendments to continuing education requirements including:

- Require all licensed direct entry midwives (LDM) licensed prior to January 1, 2016, successfully complete eight hours of Group B Streptococcal (GBS) prophylaxis continuing education by their 2016 renewal. The eight hours of continuing education includes two hours in pharmacology and six hours in intravenous administration of antibiotics. Each LDM will attest to receiving the GBS continuing education and may be subject to audit requirements.
- Require individuals licensed after January 1, 2016, successfully complete the initial legend drugs and devices continuing education totaling 48 hours which including administration of intravenous antibiotics for Group B Streptococcal prophylaxis.

Standard continuing education – 30 hours – 12/31/2016

Legend drugs and devices continuing education – 8.5 hours – 12/31/2016

GBS continuing education – 8 hours – 12/31/2016

Standard continuing education– 35 hours – 12/31/2018

A fact sheet regarding new continuing education requirements is attached. If you have any question please contact Samie Patnode at (503)373-1917 or by email at samie.patnode@state.or.us.

Sincerely,

Samie Patnode, Policy Analyst

332-020-0010

Continuing Education

(1) Standard Continuing Education Renewal Requirements: To maintain licensure an LDM must complete 35 hours of continuing education related to services listed in ORS 687.405, cultural competency, patient charting, ethics, communication, or professional development every two years from the date of initial licensure and every two years thereafter.

(2) In addition to the requirements listed in subsection (1) of this rule and in accordance with ORS 687.425 an LDM who has attended less than five births in the previous renewal year must obtain an additional 10 hours of continuing education separate from all other continuing education requirements. The additional 10 hours of continuing education must be obtained during the next renewal cycle. Subject matter for the additional 10 hours of continuing education must be related to subjects listed in subsection (1) of this rule.

(3) Initial Legend Drugs and Devices Continuing Education Renewal Requirements for individuals licensed before January 1, 2016: An applicant must successfully complete 40 hours of continuing education in a program approved by the Board. This continuing education must be completed prior to purchasing and administering legend drugs and devices and attested to upon the first renewal following initial licensure. Additionally the requirements in subsection (6) must be met upon renewal in 2016. The program is composed of theory, hands-on practice, and skills testing for competency which must include the following:

- (a) Eight hours in Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020;
- (b) Four hours of administration of medications through injection;
- (c) Four hours in advanced treatment of shock;
- (d) 10 hours in intravenous therapy;
- (e) Four hours in neonatal resuscitation; and
- (f) 10 hours in suturing.

(4) Initial Legend Drugs and Devices Continuing Education Renewal Requirements including continuing education in Group B Streptococcal: An individual licensed after January 1, 2016 must successfully complete 48 hours of instruction in an approved curriculum prior to purchasing or administering legend drugs and devices listed in division 26 of these rules or by the date of first renewal following initial licensing as an LDM. The initial renewal continuing education is comprised of theory, hands-on practice, and skills testing for competency which must include the following:

- (a) 10 hours in Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020 including intravenous antibiotics Group B Streptococcal prophylaxis;
- (b) Four hours of administration of medications through injection;
- (c) Four hours in advanced treatment of shock;
- (d) 16 hours in intravenous therapy including intravenous antibiotics Group B Streptococcal prophylaxis;

(e) Four hours in neonatal resuscitation; and

(f) 10 hours in suturing.

(5) Subsequent Renewal Legend Drugs and Devices Continuing Education Requirements: To maintain licensure an LDM must complete eight and a half hours of legend drugs and devices continuing education, every two-years and attest to this on the renewal application. The 8.5 hours of legend drugs and devices continuing education is in addition to continuing education required under subsection (1), (2), (3) or (4) of this rule with exception of neonatal resuscitation. Each LDM is required to show evidence of current certification in neonatal resuscitation upon renewal each year. Continuing education components for subsequent renewals must include the following:

(a) Two hours in pharmacology as of January 1, 2017 all subsequent renewal programs must include continuing education in intravenous antibiotics for Group B Streptococcal prophylaxis;

(b) One half hour in administration of medications through injection;

(c) One hour in advanced treatment of shock;

(d) Three hours in intravenous therapy as of January 1, 2017 all subsequent renewal programs must include continuing education in intravenous antibiotics for Group B Streptococcal prophylaxis; and

(e) Three hours in suturing.

(6) Initial Legend Drugs and Devices Continuing Education Renewal Requirements for individuals licensed before January 1, 2016: An individual who has already completed the requirements listed in subsection (3) of this rule, must successfully complete approved continuing education in Intravenous antibiotics for Group B Streptococcal prophylaxis consisting of eight hours of instruction including two hours in pharmacology and six hours in intravenous administration. If applicable individuals licensed before January 1, 2016 must still complete the requirements in subsection (1), (2) and (3) of this rule. The requirements must be met:

(a) Prior to purchasing or administering intravenous antibiotics for Group B Streptococcal prophylaxis; or

(b) By the date of renewal in 2016.

(7) Continuing Education may be obtained through online courses, attendance at lectures, sessions, courses, workshops, symposiums seminars or other presentations offered by:

(a) Institutions or programs accredited by a federally recognized accrediting agency;

(b) Institutions or programs approved by an agency within the Oregon Higher Education Coordinating Commission;

(c) An organization offering continuing medical education opportunities, including but not limited to, Accreditation Council for Continuing Medical Education, MEAC accredited or pre-accredited schools and the Oregon Midwifery Council.

(d) Any additional board approved professional organization, or association, hospital, or health care clinic offering continuing education related to subject matter listed above.

(8) Continuing education relating to subject matter listed in subsection (1) of this rule may also be obtained through research, authorship or teaching, provided that no more than half the required hours be in research, authorship or teaching.

(9) Up to nine hours of continuing education relating to subject matter listed in subsection (1) of this rule may be completed through self-study. Documentation substantiating the completion of continuing education through self-study must be submitted on forms provided by the agency and must include the following:

(a) Name of sponsor or source, type of study, description of content, date of completion, and duration in hours in accordance with subsection (8) of this rule;

(b) Name of approved correspondence courses or national home study issues;

(c) Name of publications, textbooks, printed material or audiocassette's, including date of publication, publisher, and ISBN identifier; and

(d) Name of films, videos, or slides, including date of production, name of sponsor or producer and catalog number.

(10) Obtaining and maintaining proof of participation in continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of attainment of required continuing education is available for audit or investigation or when otherwise requested by the agency. Adequate proof of participation is listed under OAR 332-020-0015(3).

(11) Documentation of participation in continuing education requirements must be maintained for a period of two years following renewal, and must be available to the agency upon request.

(12) Hours of continuing education that are obtained in excess of the minimum requirements listed in this rule will not be carried forward as credit for the subsequent license renewal reporting cycle.

(13) For the purpose of this rule continuing education must include periods of continuous instruction and education, not to include breaks, rest periods, travel registration or meals.

(14) A copy of Board-approved curriculum objectives for LDD program is available at the Health Licensing Office or on the office website at <http://www.oregon.gov/ohla/Pages/index.aspx>. Payment of administrative fees may be required. Refer to OAR 331-010-0030 for applicable public record request fees.

(15) Continuing education hours obtained for legend drugs and devices, neonatal resuscitation or cardiopulmonary resuscitation for adults and infants cannot be used towards the 35 Standard Continuing Education Renewal Requirements listed under subsection (1) of this rule.

Stat. Auth.: ORS 676.615, 687.425 & 687.485

Stats. Implemented: ORS 676.615, 687.425 & 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 2-2008(Temp), f. 9-15-08 cert. ef. 10-1-08 thru 3-30-09; DEM 1-2009, f. 3-31-09, cert. ef. 4-1-09; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2013(Temp), f. 7-10-13, cert. ef. 7-12-13 thru 1-8-14; DEM 2-2013, f. 12-30-13, cert. ef. 1-1-14; DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15; DEM 2-2015, f. & cert. ef. 7-1-15

332-020-0015

Continuing Education: Audit, Required Documentation and Sanctions

- (1) The Agency will audit a select percentage of licenses to verify compliance with continuing education requirements.
- (2) Licensees notified of selection for audit of continuing education attestation must submit to the agency, within 30 calendar days from the date of issuance of the notification, satisfactory evidence of participation in required continuing education in accordance with OAR 332-020-0010.
- (3) Evidence of successful completion of the required continuing education must include the following:
 - (a) Name of continuing education sponsor/provider;
 - (b) Course agenda — including the date of the training and breakdown of hours for each agenda item, lunch and breaks;
 - (c) Course outline — including a detailed summary of each topic discussed and the learning objective or training goal of each agenda item; The content of the course must have a direct relationship between the course training and subject matter related to Direct Entry Midwifery, as outlined in OAR 332-020-0010;
 - (d) Background resume of speakers or instructors; and
 - (e) Documentation of attendance or successful course completion. Examples include a certificate, transcript, sponsor statement or affidavit attesting to attendance, diploma.
- (4) If documentation of continuing education is invalid or incomplete, the licensee has 30 calendar days from the date of the deficiency notice to correct the deficiency and submit further documentation to substantiate having completed the required continuing education.
- (5) Misrepresentations of continuing education or failure to complete continuing education requirements may result in disciplinary action, which may include but is not limited to assessment of a civil penalty and suspension or revocation of the license.

Stat. Auth.: ORS 687.425 & 687.485

Stats. Implemented: ORS 687.425 & 687.485

Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 2-2013, f. 12-30-13, cert. ef. 1-1-14

332-020-0015

Continuing Education: Audit, Required Documentation and Sanctions

- (1) The agency will audit a select percentage of licenses determined by the board to verify compliance with continuing education requirements.
- (2) A licensee notified of selection for audit of continuing education attestation must submit to the agency, within 30 calendar days from the date of notification, satisfactory evidence of participation in required continuing education in accordance with OAR 332-020-0010.
- (3) If selected for audit, the licensee must provide documentation of the required continuing education, which must include:

(a) Certificate of completion, official transcript, statement or affidavit from the sponsor attesting to attendance or other documentation approved by the agency.

(b) Name of sponsoring institution/association or organization;

(c) Title of presentation and description of content;

(d) Name of instructor or presenter;

(e) Date of attendance and duration in hours; and

(f) Course agenda.

(4) If documentation of continuing education is incomplete, the licensee has 30 calendar days from the date of notice to submit further documentation to substantiate having completed the required continuing education.

(5) Failure to meet continuing education requirements shall constitute grounds for disciplinary action, which may include but is not limited to assessment of a civil penalty and suspension or revocation of the license.

Stat. Auth.: ORS 687.425 & 687.485

Stats. Implemented: ORS 687.425 & 687.485

Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11

**Legend Drugs & Devices
Resources for
Instructors**



Date: September 30, 2015

To: Legend Drugs and Devices Instructors

From: Samie Patnode, Policy Analyst

Subject: Legend Drugs and Devices Resources

During the 2013 Legislative Session HB 2997 was enacted allowing licensed direct entry midwives (LDM) to purchase and administer intravenous antibiotics for Group B Streptococcal (GBS) prophylaxis. As part of the administrative rulemaking process adding antibiotics for GBS prophylaxis to the list of drugs which can be purchased and administered by LDMs the Board of Direct Entry Midwifery and the Health Licensing Office stated a list of resources would be provided to instructors teaching legend drugs and devices. Below are a list of links from various sources including the Center for Disease Control and Prevention (CDC), National Center for Biotechnology Information, Cochrane and Science Direct.

Please note the links below are ONLY resources that MAY be used by instructors to add to their instruction if it fits into their instructional model.

GBS PROPHYLAXIS

<http://www.cdc.gov/groupbstrep/guidelines/guidelines.html>

<http://www.cdc.gov/groupbstrep/guidelines/algorithms-tables.html>

<http://pediatrics.aappublications.org/content/early/2011/07/28/peds.2011-1466.full.pdf>

<http://www.nice.org.uk/guidance/cg190/resources/guidance-intrapartum-care-care-of-healthy-women-and-their-babies-during-childbirth-pdf>

http://www.ontariomidwives.ca/images/uploads/guidelines/No11CPG_GBS_May_2012FINAL.pdf

LEGEND DRUGS AND DEVICES INITIAL & SUBSEQUENT RENEWAL

<http://www.optimalcareinchilbirth.com/about-the-book/table-of-contents/>

<http://apps.who.int/rhl/reviews/CD006173.pdf>

<http://www.who.int/rhl/reviews/CD001808.pdf>

<http://www.obgmanagement.com/specialty-focus/labor-delivery/article/routine-use-of-oxytocin-at-birth-just-the-right-amount-to-prevent-postpartum-hemorrhage/dfd3f784d6247b61e99e3ba30ee0989e.html>

<http://www.sciencedirect.com/science/article/pii/S0002937815001593>

http://www.cochrane.org/CD009328/PREG_prophylactic-interventions-after-delivery-of-placenta-for-reducing-bleeding-during-the-postnatal-period

<http://www.ajog.org/article/S0002-9378%2813%2900710-2/abstract?cc=y>

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000201.pub2/abstract>

http://www.cochrane.org/CD005456/PREG_active-management-of-third-stage-of-labour-with-ergot-alkaloid-drugs-e.g.-ergometrine

http://www.cochrane.org/CD003249/PREG_treatment-for-excessive-bleeding-after-childbirth

<http://www.sciencedirect.com/science/article/pii/S0959289X08000885>

<http://www.sciencedirect.com/science/article/pii/S0091674912010421>

http://www.cochrane.org/CD002776/NEONATAL_prophylactic-vitamin-k-for-vitamin-k-deficiency-bleeding-in-neonates

<http://www.ncbi.nlm.nih.gov/pubmed/18646077>

[http://www.ejog.org/article/S0301-2115\(02\)00018-0/abstract](http://www.ejog.org/article/S0301-2115(02)00018-0/abstract)

https://www.nichd.nih.gov/cochrane_data/nge_02/nge_02.html

http://www.ohsu.edu/xd/health/services/doernbecher/research-education/education/residency/upload/res_lounge_Chlamydia-AFP.pdf

<http://www.update-software.com/pdf/CD004223.pdf>

<http://www.sciencedirect.com/science/article/pii/0091218283901088>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048583/>

<http://www.sciencedirect.com/science/article/pii/0002937883910712>

<http://www.ncbi.nlm.nih.gov/pubmed/6097129>

Practice Clarification Process Revisions



HEALTH LICENSING OFFICE

Kate Brown, Governor

Oregon
Health
Authority

700 Summer St NE, Suite 320

Salem, OR 97301-1287

Phone: (503)378-8667

Fax: (503)585-9114

<http://www.oregon.gov/OHLA>

Date

Name

Adrs

City, State, Zip

Dear Name:

Health Licensing Office (HLO) and the (Board Name) do not provide individualized advice on how the law applies to practice in the field. If you do not have an attorney and need one to provide you with legal advice about the statutes and rules governing your licensure, the [Oregon State Bar](#) has information on how to hire a lawyer in Oregon.

If you wish to make a complaint against a person for violating HLO and the Board's statutes or rules, a [complaint form](#) is available on the HLO website or by mail.

If you wish to make a public comment on the statutes and rules governing your licensure, interested party feedback is encouraged at all [public meetings](#).

Information on how to obtain a [license](#) is available on the HLO website.

If you believe HLO and the Board's rules need to be amended, you may file a rule petition with HLO for consideration. Please note that any rules must fit within HLO and Board's current statutory authority. Please also know that the Board will consider your petition but may not adopt your proposed rule. The statute that governs rule petitions is [ORS 183.390](#).

If you believe HLO and the Board's statutes need to be amended, information about the legislative process is also available on the [Oregon Legislative](#) website.

Please know that HLO and its Boards remain neutral on substantive bills proposing changes to its laws and cannot act on your behalf in any proposals to change the governing statutes.

If you have further questions please contact me at (503) 373-1917 or at samie.patnode@state.or.us or visit the [HLO web page](#).

Sincerely,

Samantha Patnode
Policy Analyst

Board of Cosmetology

Agency / Boards ▾

Scope of Practice

[Fields of Practice](#)

[Scope of practice questions](#)

[Practice Clarification, FAQs, and Response Letters](#)

[More information](#)

Fields of Practice

Applicants may obtain certification in one or more of four individual fields of practice as defined in [Oregon Revised Statutes \(ORS\) 690.005](#):

Barbering

Barbering is a separate discipline from hair design. Barbers shampoo, cut, style, condition and singe (lightly burn hair ends with a lighted wax taper) hair, but they cannot provide chemical hair treatments (see *Hair Design*).

Barbers also shave, trim and cut the beard, and massage the scalp, face and neck, applying facial and scalp treatments with creams, lotions, oils and other cosmetic preparations, either by hand or mechanical appliances, but such appliances shall not be galvanic (direct electrical current) or faradic (interrupted, or alternating, electrical current).

Esthetics

Estheticians provide services to keep skin healthy and attractive. Estheticians use their hands or mechanical or electrical apparatuses or appliances for cleansing, stimulating, manipulating, exfoliating or applying lotions or creams and for the temporary removal of hair, makeup artistry, facial and body wrapping, and facial and body waxing.

Hair Design

Hair designers shampoo, cut, style, condition and singe (see *Barbering*) hair and apply chemical treatments such as coloring, dyeing, relaxing and permanent waves. They also temporarily curl and braid hair as well as shave, trim and cut the beard or mustache.

Hair designers also massage the scalp and neck, but not the face, if in conjunction with the above services.

Nail Technology

Nail technicians cut, trim, clean, polish, color or tint the natural nails on hands and feet and massage, cleanse, treat and beautify the hands, arms (below the elbow) and legs (below the knee). They also apply, sculpt and remove artificial nails.

Natural Hair Care

"Natural hair care" means the braiding, cornrowing, extending, lacing, locking, sewing, twisting, weaving or wrapping of human hair, natural fibers, synthetic fibers or hair extensions through the use of hands or simple devices such as clips, combs, hairpins or needle and thread.

Scissors may be used to trim synthetic fibers, hair extensions or sewn-in weave extensions as is necessary to perform natural hair care activities or to make customized wigs from natural hair, natural fibers, synthetic fibers or hair extensions.

Natural hair care does not include the use of scissors except when trimming synthetic fibers, hair extensions or sewn-in weave extensions as is necessary to perform natural hair care activities or to make customized wigs from natural hair, natural fibers, synthetic fibers or hair extensions.

Natural hair care also does not include the use of penetrating chemical hair treatments, chemical hair coloring agents, chemical hair straightening agents, chemical hair joining agents, permanent wave styles or chemical hair bleaching agents.

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Scope of practice questions

Do you have a question about how a law or rule impacts your

individualized practice?

Please know that the Health Licensing Office (HLO) and its boards do not provide individualized advice on how the law applies to practice in the field. Here are some resources:



- If you are looking for an attorney to provide you with legal advice about the statutes and rules governing your licensure, the [Oregon State Bar](#) has information on how to hire a lawyer.
- If you wish to make a complaint against a person for violating HLO and the board's statutes or rules, you may use this [complaint form](#).
- If you wish to make a public comment on the statutes and rules governing your licensure, interested party feedback is encouraged at all [public meetings](#).
- Guidance on how to obtain [a license](#) is available on the [HLO website](#).
- If you believe HLO and the board's rules need to be amended, you may file a rule petition with HLO for consideration. Please note that any rules must fit within HLO and the board's current statutory authority. Please also know that the board will consider your position but might not adopt your proposed rule. The statute that governs rule petitions is [ORS 183.390](#).
- If you believe HLO and the board's statutes need to be amended, information about the legislative process is also available on the [Oregon Legislature's website](#).

Please know the HLO and its boards remain neutral on substantive bills proposing changes to its laws and cannot act on your behalf in any proposals to change the governing statutes.

If you have further questions, please contact Board Specialist Maria Gutierrez at 503-373-1906.

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Practice Clarification, FAQs, and Response Letters

[Providing cosmetology services within a hospital, long term care or residential facility](#)

[Nail technology: Nail pterygium](#)

[Cosmetology student volunteer services](#)

[Service animals in cosmetology facilities](#)

[Clarification regarding eyelash services](#)

[Clarification regarding mobile units](#)

[Clarification regarding cosmetology exemptions: pageants and weddings](#)

[Airbrush Tanning - April 2012](#)

[Face Painting & Application of Temporary Tattoos - April 2012](#)

[Hair Extensions & Attaching Hair Feathers - April 2012](#)

[Skin & Micro Needling - April 2012](#)

[Removal of Permanent Tattoos by use of Laser Therapy, Dermabrasion or ElimInk - April 2012](#)

[Cosmetic Injectables e.g. Botox - April 2013](#)

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More information

For more information contact Samie Patnode, Policy Analyst at (503) 373-1917 or samie.patnode@state.or.us.

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OREGON.GOV

State Directories
Agencies A to Z
Oregon Administrative Rules
Oregon Revised Statutes

WEB SITE LINKS

Text Only Site
Accessibility
Oregon.gov
File Formats

PDF FILE ACCESSIBILITY

Adobe Reader, or equivalent, is required to view PDF files. Click the "Get Adobe Reader" image to get a free download of the reader from Adobe.

Oregon Health Authority

Health Evidence Review
Commission

~

Out-of-Hospital Birth

Regulatory Report

Health Licensing Office



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Board of Direct Entry Midwifery

October 1, 2015

2011 - 2013 Biennium

Between July 1, 2011 and June 30, 2013, 28 complaints were received. Total open 2. Total closed 26.

<i>Allegation Filed By:</i>		
Mandatory Reporter	Client	Other
14	9	5

2013 - 2015 Biennium

Between July 1, 2013 and June 30, 2015, 19 complaints were received. Total open 15. Total closed 4.

<i>Allegation Filed By:</i>		
Mandatory Reporter	Client	Other
13	0	6

2015 - 2017 Biennium

Between July 1, 2015 and August 31, 2015, 40 complaints were received. Total open 40. Total closed 0.

<i>Allegation Filed By:</i>		
Mandatory Reporter	Client	Other
40	0	0

Interested Parties Feedback

Other Board Business